

DISABILITY EVALUATION FORM

MEMBER ASSIGNED _____

SUPPORT
MEMBER ASSIGNED _____

Part A – Applicant Identification

NAME		EVALUATION DATE	
STREET ADDRESS	CITY	STATE	ZIP CODE
CONTACT NAME		CONTACT PHONE	

Part B – Family and Home Status

DESCRIBE THE FAMILY AND HOME STATUS. VERIFY HOUSEHOLD INFORMATION:

Part C – Verification of Applicant History

DESCRIBE THE NATURE OF THE DISABILITY:

MEDICAL HISTORY:

Applicant Name: _____

Date: _____

Part D – Summary of Accommodation Request

PROVIDE A DETAILED DESCRIPTION OF THE REQUEST. PROVIDE A TOTAL COST FOR THIS ACCOMODATION (INCLUDE ALL PROCESSING, SHIPPING AND HANDLING CHARGES AND ALL APPLIED TAXES). IF APPLICABLE, INCLUDE A QUOTE FROM THE LOCAL DISTRIBUTER OR RE-SELLER WITH NAME OF THE MANUFACTURER, MODEL #, AND VENDOR NAME AND CONTACT INFORMATION.

Part E – Field Investigation

DESCRIBE, SKETCH OR PHOTOGRAPH THE EXISTING CONDITION (S)

DESCRIBE POSSIBLE OPTIONS TO ACCOMMODATE THE DISABILITY. EXPLORE ALLOWED SUBSTITUTIONS AND POTENTIAL ALTERNATIVES. PRICE OPTIONS (REFER TO LIST OF PREFERRED VENDORS)

RECOMMENDATION (IS THIS REQUEST APPROPRIATE?)

TOTAL COST OF RECOMMENDATION